

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1015758e5

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		2						53					
4		2						54					
5		1						55					
6		1						56					
7	/							57					
8		/						58					
9								59					
10		/						60					
11	/							61					
12		/						62					
13								63					
14		/						64					
15								65					
16		5						66					
17		1						67					
18	/							68					
19		/						69					
20		/						70					
21		/						71					
22		1						72					
23	/							73					
24		1						74					
25		2						75					
26		1						76					
27		1						77					
28		1						78					
29		1						79					
30		1						80					
31		1						81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5							TOTAL IND.					
TOTAL DEP.	37							TOTAL DEP.					
TOTAL CLAIMS	42							TOTAL					